

# APPLICATION FOR EMPLOYMENT

(use additional pages if necessary)



Please print or type. Answer all questions completely and show clearly that you meet the requirements of the position applied for. The information will be used to determine if your application is accepted. Part or all of your rating will be based on this information.

<b>TRANSIT POSITIONS:</b> (PLEASE CIRCLE ALL THAT APPLY) PARATRANSIT DRIVER    FIXED ROUTE DRIVER    OTHER _____			<b>PARKING UTILITY POSITIONS:</b> SEASONAL    OTHER _____	
<b>NAME (FIRST, MIDDLE, LAST)</b>		<b>HOME PHONE NUMBER</b>		<b>MOBILE PHONE NUMBER</b>
<b>CURRENT ADDRESS (NUMBER, STREET, CITY, STATE, ZIP CODE)</b>			<b>SOCIAL SECURITY NUMBER</b>	
<b>GIVE ALL OTHER NAMES WHICH YOU HAVE BEEN KNOWN BY (INCLUDE MAIDEN NAME)</b>			<b>ARE YOU A U.S. CITIZEN OR LEGAL ALIEN?</b> YES    NO	
<b>NAMES OF RELATIVES EMPLOYED BY THE CITY (INDICATE RELATIONSHIP)</b>				
<b>DO YOU HAVE A VALID WI DRIVERS LICENSE?</b> YES    NO		<b>DO YOU HAVE A VALID COMMERCIAL DRIVERS LICENSE?</b> YES    NO		<b>CLASS CDL</b> A   B   C   D
<b>DRIVER'S LICENSE NUMBER:</b>		<b>PASSENGER ENDORSEMENT</b> YES    NO		<b>NO AIR BRAKE RESTRICTIONS</b> YES    NO
<b>EARLIEST DATE AVAILABLE TO START WORK?</b>		<b>HOW MANY DAYS WERE YOU ABSENT FROM WORK IN THE LAST 3 YEARS DUE TO PERSONAL REASONS?</b>		
<b>WERE YOU EVER ASKED TO RESIGN OR DISCHARGED?</b> YES    NO    IF YES, EXPLAIN:				
<b>MAY WE CONTACT YOUR PRESENT EMPLOYER?</b> YES    NO		<b>LIST SHIFTS AVAILABLE FOR WORK:</b> EARLY AM    MID DAY    EVENINGS    SATURDAYS		
<b>IS THIS THE ONLY INCOME PRODUCING JOB YOU INTEND TO HAVE?</b> YES    NO    IF NO, EXPLAIN:				
<b>HAVE YOU EVER BEEN EMPLOYED BY THE CITY OF SHEBOYGAN?</b> YES    NO    IF YES, POSITIONS: _____ DATES: _____				
<b>WERE YOU IN THE ARMED FORCES?</b> YES    NO    BRANCH: _____		<b>IF YES, WHEN?</b> FROM: _____ TO: _____		<b>TYPE OF DISCHARGE?</b>
<b>HAVE YOU EVER BEEN CONVICTED OF ANY VIOLATION OF LAW OTHER THAN MINOR TRAFFIC VIOLATIONS?</b> YES    NO (CONVICTIONS ARE NOT AUTOMATIC BAR TO EMPLOYMENT AND WILL BE CONSIDERED ONLY AS IT PERTAINS TO THE JOB.)				
<b>IF YES, NATURE OF OFFENSE:</b>		<b>DATE OF CONVICTION:</b>		<b>NAME AND LOCATION OF COURT:</b>
<b>HIGHEST COMPLETED LEVEL OF EDUCATION:</b> H.S./GED    ASSOCIATES    BACHELOR    OTHER		<b>NAME AND ADDRESS OF HIGH SCHOOL</b>		<b>DID YOU GRADUATE?</b> YES    NO
<b>TRAINING BEYOND HIGH SCHOOL: COLLEGE, TECHNICAL OR OTHER SCHOOLS YOU HAVE ATTENDED. UNDER CREDITS EARNED INDICATE Q FOR QUARTERS AND S FOR SEMESTERS. COMPLETE BELOW:</b>			<b>CIRCLE YEARS BEYOND HIGH SCHOOL</b> 1   2   3   4   5   6	
<b>NAME &amp; LOCATION</b>		<b>DATES ATTENDED</b>		<b>GED CERTIFICATE YEAR</b>

**EMPLOYMENT  
INFORMATION**

Begin with your present employment and work back. Account for all time during the last 15 years including periods of unemployment. Answer all questions even if you submit a resume. IN ADDITION, please describe all other experience that would qualify you for this position.

PRESENT OR MOST RECENT EMPLOYER		COMPLETE ADDRESS / PHONE NUMBER	
YOUR TITLE	REASONS FOR LEAVING OR CONSIDERING LEAVING	NAME OF SUPERVISOR	
YOUR DUTIES		TOTAL TIME EMPLOYED	FROM TO
		TOTAL TIME EMPLOYED FULL-TIME	
		TOTAL TIME EMPLOYED PART-TIME	
		EARNINGS (HOURLY OR YEARLY)	
PAST EMPLOYER #2		COMPLETE ADDRESS / PHONE NUMBER	
YOUR TITLE	REASONS FOR LEAVING OR CONSIDERING LEAVING	NAME OF SUPERVISOR	
YOUR DUTIES		TOTAL TIME EMPLOYED	FROM TO
		TOTAL TIME EMPLOYED FULL-TIME	
		TOTAL TIME EMPLOYED PART-TIME	
		EARNINGS (HOURLY OR YEARLY)	
PAST EMPLOYER #3		COMPLETE ADDRESS / PHONE NUMBER	
YOUR TITLE	REASONS FOR LEAVING OR CONSIDERING LEAVING	NAME OF SUPERVISOR	
YOUR DUTIES		TOTAL TIME EMPLOYED	FROM TO
		TOTAL TIME EMPLOYED FULL-TIME	
		TOTAL TIME EMPLOYED PART-TIME	
		EARNINGS (HOURLY OR YEARLY)	
PAST EMPLOYER #4		COMPLETE ADDRESS / PHONE NUMBER	
YOUR TITLE	REASONS FOR LEAVING OR CONSIDERING LEAVING	NAME OF SUPERVISOR	
YOUR DUTIES		TOTAL TIME EMPLOYED	FROM TO
		TOTAL TIME EMPLOYED FULL-TIME	
		TOTAL TIME EMPLOYED PART-TIME	
		EARNINGS (HOURLY OR YEARLY)	
LIST ALL OTHER QUALIFICATIONS WHICH QUALIFY YOU FOR THE POSITION FOR WHICH YOU HAVE APPLIED: USE ADDITIONAL PAPER IF NECESSARY FOR EMPLOYMENT HISTORY OR OTHER QUALIFICATIONS			

List all Motor Vehicle Accidents in which you have been involved in the Past Three (3) Years:

DATE	LOCATION (City and State)	NATURE OF ACCIDENT (Upset, Head-on, Etc.)	DESCRIBE ANY PERSONAL INJURY OR FATALITY

List all violations of motor vehicle laws or ordinances (Other Than Violations Involving Only Parking) of which you were convicted or forfeited bond or collateral during the **Past Three (3) Years.**

Location (City and State)	Date	Violation	Penalty of Disposition

Have you ever been denied a license, permit or privilege to operate a motor vehicle or has a license, permit or privilege issued to you to operate a motor vehicle ever been revoked or suspended? YES ☐ NO ☐

If yes, provide detail the facts and circumstances of each such denial, suspension or revocation:

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Describe the nature and extent of your experience in the operation of motor vehicles, including the type of equipment such as buses, trucks, etc., which you have operated.

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### CERTIFICATION

Federal and state laws prohibit discrimination based upon this information which is requested. We are an Equal Opportunity Employer. M/F/H. Your opportunity for employment or promotion will be based on your merit and fitness and no other consideration.

READ CAREFULLY BEFORE SIGNING: I certify that all answers to the above questions are true and complete. I understand and agree that any misstatements or omissions of material facts will subject me to disqualification or dismissal. I hereby authorize the City to investigate my former employers and to make any further investigation deemed necessary and do hereby release the City and its employees from all liability resulting from such investigation. This application will remain active for only 90 days unless renewed by me.

IF YOU HAVE A DISABILITY WHICH REQUIRES REASONABLE ACCOMMODATION, PLEASE CHECK HERE TO REQUEST TO DISCUSS POTENTIAL ACCOMMODATIONS THAT WOULD ENABLE YOU TO PARTICIPATE IN THE APPLICATION PROCESS OR PERFORM ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING.

The City of Sheboygan, Wisconsin is an Equal Opportunity Employer In compliance with the Americans with Disabilities Act, the City of Sheboygan will provide reasonable accommodations to qualified individuals with disabilities and encourages both prospective and current employees to discuss potential accommodations with the employer.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

DATE: \_\_\_\_\_

I hereby empower any officer of the City of Sheboygan, bearing this release to within one year of its date, to obtain information and records pertaining to me from any or all of the following sources and to release same to the Director of Transit & Parking of the City of Sheboygan.

1. Any previous employer
2. Any police department or law enforcement agency
3. Any school, college, university, or other educational institution

I hereby release any individual or institution, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information or any attempt to comply with it.

Exceptions to the blanket authorization:

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**Please Print:**

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State &amp; Zip Code: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Witness: \_\_\_\_\_



# CONSENT - RELEASE OF INFORMATION

## PREVIOUS EMPLOYERS – FEDERAL & STATE REGULATIONS

### SECTION 1: TO BE COMPLETED BY APPLICANT

DATE: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize \_\_\_\_\_ to release all information on my alcohol/controlled substance testing/training records to the Shoreline Metro Director of Transit & Parking, in accordance with 49 CFR Part 40.25:

*"Records shall be made available to subsequent employer upon receipt of a written request from the covered employee. Subsequent disclosure by the employer is permitted only as expressly authorized by the terms of the covered employee's request. An employer shall release information regarding a covered employee's record as directed by the specific written consent of the employee authorizing release of information to an identified person."*

Did you ever apply for an be refused employment due to refusal to test, failure to test or adulteration of specimen?

YES

NO

Signature of Applicant: \_\_\_\_\_

### SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER #1 (MOST RECENT)

The above referenced individual has applied for employment with the City of Sheboygan and has given your name as a former employer. The individual, if hired, will be required to operate a commercial motor vehicle. In accordance with regulations promulgated by the U.S. Department of Transportation, the City of Sheboygan is entitled to obtain Alcohol and Controlled Substance Testing information for this individual from previous employers.

While employed by your company, has the above mentioned individual:

▪ Submitted to an Alcohol Test and the results indicated a concentration greater than zero? YES NO

▪ Submitted to a Controlled Substance Test with a positive test result? YES NO

▪ Refused to submit to an Alcohol or Controlled Substance test? YES NO

▪ If the individual had an positive test results, did the individual complete all SAP recommended program requirements and follow-up testing? YES NO

Completed by: \_\_\_\_\_

Date: \_\_\_\_\_

Position Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Your cooperation is appreciated. Please return this completed form to:  
Shoreline Metro, 608 S Commerce Street, Sheboygan, WI 53081  
You may fax confidentially to (920) 459-0231. Thank you in advance for your assistance.



# CONSENT - RELEASE OF INFORMATION

## PREVIOUS EMPLOYERS – FEDERAL & STATE REGULATIONS

### SECTION 1: TO BE COMPLETED BY APPLICANT

DATE: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize \_\_\_\_\_ to release all information on my alcohol/controlled substance testing/training records to the Shoreline Metro Director of Transit & Parking, in accordance with 49 CFR Part 40.25:

*"Records shall be made available to subsequent employer upon receipt of a written request from the covered employee. Subsequent disclosure by the employer is permitted only as expressly authorized by the terms of the covered employee's request. An employer shall release information regarding a covered employee's record as directed by the specific written consent of the employee authorizing release of information to an identified person."*

**Did you ever apply for an be refused employment due to refusal to test, failure to test or adulteration of specimen?**

YES

NO

Signature of Applicant: \_\_\_\_\_

### SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER #2

The above referenced individual has applied for employment with the City of Sheboygan and has given your name as a former employer. The individual, if hired, will be required to operate a commercial motor vehicle. In accordance with regulations promulgated by the U.S. Department of Transportation, the City of Sheboygan is entitled to obtain Alcohol and Controlled Substance Testing information for this individual from previous employers.

**While employed by your company, has the above mentioned individual:**

▪ Submitted to an Alcohol Test and the results indicated a concentration greater than zero? YES NO

▪ Submitted to a Controlled Substance Test with a positive test result? YES NO

▪ Refused to submit to an Alcohol or Controlled Substance test? YES NO

▪ If the individual had an positive test results, did the individual complete all SAP recommended program requirements and follow-up testing? YES NO

Completed by: \_\_\_\_\_

Date: \_\_\_\_\_

Position Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Your cooperation is appreciated. Please return this completed form to:  
Shoreline Metro, 608 S Commerce Street, Sheboygan, WI 53081  
You may fax confidentially to (920) 459-0231. Thank you in advance for your assistance.



# CONSENT - RELEASE OF INFORMATION

## PREVIOUS EMPLOYERS – FEDERAL & STATE REGULATIONS

### SECTION 1: TO BE COMPLETED BY APPLICANT

DATE: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize \_\_\_\_\_ to release all information on my alcohol/controlled substance testing/training records to the Shoreline Metro Director of Transit & Parking, in accordance with 49 CFR Part 40.25:

*"Records shall be made available to subsequent employer upon receipt of a written request from the covered employee. Subsequent disclosure by the employer is permitted only as expressly authorized by the terms of the covered employee's request. An employer shall release information regarding a covered employee's record as directed by the specific written consent of the employee authorizing release of information to an identified person."*

Did you ever apply for an be refused employment due to refusal to test, failure to test or adulteration of specimen?

YES

NO

Signature of Applicant: \_\_\_\_\_

### SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER #3 (IF APPLICABLE)

The above referenced individual has applied for employment with the City of Sheboygan and has given your name as a former employer. The individual, if hired, will be required to operate a commercial motor vehicle. In accordance with regulations promulgated by the U.S. Department of Transportation, the City of Sheboygan is entitled to obtain Alcohol and Controlled Substance Testing information for this individual from previous employers.

While employed by your company, has the above mentioned individual:

▪ Submitted to an Alcohol Test and the results indicated a concentration greater than zero? YES NO

▪ Submitted to a Controlled Substance Test with a positive test result? YES NO

▪ Refused to submit to an Alcohol or Controlled Substance test? YES NO

▪ If the individual had an positive test results, did the individual complete all SAP recommended program requirements and follow-up testing? YES NO

Completed by: \_\_\_\_\_

Date: \_\_\_\_\_

Position Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Your cooperation is appreciated. Please return this completed form to:  
Shoreline Metro, 608 S Commerce Street, Sheboygan, WI 53081  
You may fax confidentially to (920) 459-0231. Thank you in advance for your assistance.



## APPLICANT DATA RECORD

### VOLUNTEER APPLICANT DATA SURVEY

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or disability, or any other legally protected status.

As employers / governmental contractors, we comply with government regulations, including affirmative action responsibilities where they apply.

Solely to help us comply with government recordkeeping, reporting and other legal requirements, we request that you please fill out the Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment. Submission of the following questions is strictly voluntary. Failure to respond will have no adverse affect on your or your job status. If you do respond, the information given will be kept confidential and used in accordance with federal regulations.

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**DATE:** \_\_\_\_\_ **POSITION APPLIED FOR:** \_\_\_\_\_

**REFERREL SOURCE(S):** (Please circle all that apply)

Advertisement

Newspaper

Shoreline Metro Website

Posting on Bus

Wisconsin Job Service

Friend/Family

Employment Agency

Employee

**GENDER:**      Male      Female

**NATIONALITY:**      White/Caucasian      Black      American Indian/Alaskan Native

Hispanic

Asian/Pacific Islander

**CIRCLE THE FOLLOWING AS THEY APPLY:**

Vietnam Era Veteran

Disabled Veteran

Individual with a Disability

The City of Sheboygan, Wisconsin is an Equal Opportunity Employer

In compliance with the Americans with Disabilities Act, the City of Sheboygan will provide reasonable accommodations to qualified individuals with disabilities and encourages both prospective and current employees to discuss potential accommodations with the employer.